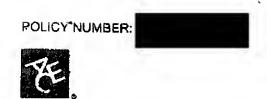


CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/01/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER MARSH USA, INC. CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS: FAX (A/C, No) TWO ALLIANCE CENTER 3560 LENOX ROAD, SUITE 2400 ATLANTA, GA 30326 NAIC : INSURER(S) AFFORDING COVERAGE Attn: Atlanta.CertRequest@marsh.com / Fax: 212-948-4321 INSURER A : ACE American Insurance Company 22667 605106--Cas-15-16 MAS INSURED INSURER B : NA N/A MasTec North America, Inc. N/A INSURER C: N/A 800 S Douglas Rd, 10th Floor Coral Gables, FL 33134 INSURER D : NA N/A N/A INSURER E : N/A INSURER F **COVERAGES CERTIFICATE NUMBER:** ATL-003426626-03 **REVISION NUMBER:8** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PER INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TE EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE LIMITS POLICY NUMBER Х COMMERCIAL GENERAL LIABILITY 09/15/2015 09/15/2016 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X \$ SELF INS X SIR: \$250,000 MED EXP (Any one person) \$ 1,75 PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER 20,000 GENERAL AGGREGATE \$ PRO-JECT 6.000.000 POLICY PRODUCTS - COMP/OP AGG \$ OTHER: \$ COMBINED SINGLE LIMIT **AUTOMOBILE LIABILITY** \$ **BODILY INJURY (Per person)** \$ ANY AUTO ALL OWNED AUTOS **SCHEDULED** BODILY INJURY (Per accident) s AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ **UMBRELLA LIAB** EACH OCCURRENCE OCCUR \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DED RETENTION \$ OTH-ER WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT FICER/MEMBER EXCLUDED? N/A (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE s If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Re: Contractors License: George Bish RECEIVED LMU SEP 09 2015 IDFPR **CERTIFICATE HOLDER** CANCELLATION Div. of Professional Regulation State of Illinois SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE Dividsion of Professional Regulation THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 320 West Washington Street, 3rd Floor ACCORDANCE WITH THE POLICY PROVISIONS. Springfield, IL 62786 AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Manashi Mukherjee



NOTICE TO POLICYHOLDERS

ace group

NOTICE TO OTHERS – SCHEDULE NOTICE BY INSURED'S REPRESENTATIVE

- A. If we cancel this Policy prior to its expiration date by notice to you or the first Named insured for any reason other than nonpayment of premium, we will endeavor to send written notice of cancellation, to the persons or organizations listed in the schedule that you or your representative create or maintain (the "Schedule") by allowing your representative to send such notice to such persons or organizations. This notice will be *in addition to* our notice to you or the first Named Insured, and any other party whom we are required to notify by statute and in accordance with the cancellation provisions of the Policy.
- B. The notice of cancellation, as provided by your representative, is intended only to be a courtesy notification to the person(s) or organization(s) named in the Schedule in the event of a pending cancellation of coverage. We have no legal obligation of any kind to any such person(s) or organization(s). The failure to provide advance notification of cancellation to the person(s) or organization(s) shown in the Schedule will impose no obligation or liability of any kind upon us, our agents or representatives, will not extend any Policy cancellation date and will not negate any cancellation of the Policy.
- C. We are not responsible for verifying any information in any Schedule, nor are we responsible for any incorrect information that you or your representative may use.
- D. We will only be responsible for sending such notice to your representative, and your representative will in turn send the notice to the persons or organizations listed in the Schedule at least 30 days prior to the cancellation date applicable to the Policy. You will cooperate with us in providing the Schedule, or in causing your representative to provide the Schedule.
- E. The provisions of this notice do not apply in the event that you cancel the Policy.

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State of Illinois Dividsion of Professional Regulation 320 West Washington Street, 3rd Floor Springfield, IL 62786



RECEIVED BUSINESS SERVICES

SEP 8 2015

IDFPR Div. of Professional Regulation